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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/608,400	06/27/2003	Michael J. Pugia	MSA-3453	7945

7590 12/21/2004  
Elizabeth A. Levy  
Bayer HealthCare LLC  
63 North Street  
Medfield, MA 02052

EXAMINER

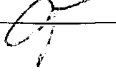
SINES, BRIAN J

ART UNIT PAPER NUMBER

1743

DATE MAILED: 12/21/2004

Please find below and/or attached an Office communication concerning this application or proceeding.

<b>Interview Summary</b>	<b>Application No.</b> 10/608,400	<b>Applicant(s)</b>  PUGIA ET AL.	
	<b>Examiner</b> Brian J. Sines	<b>Art Unit</b> 1743	

All participants (applicant, applicant's representative, PTO personnel):

- (1) Brian J. Sines. (3) \_\_\_\_\_  
 (2) E.A. Levy. (4) \_\_\_\_\_

Date of Interview: 16 December 2004.

Type: a) ☒ Telephonic b) ☐ Video Conference  
 c) ☐ Personal [copy given to: 1) ☐ applicant 2) ☐ applicant's representative]

Exhibit shown or demonstration conducted: d) ☐ Yes e) ☒ No.  
 If Yes, brief description: \_\_\_\_\_

Claim(s) discussed: pending.

Identification of prior art discussed: N/A.

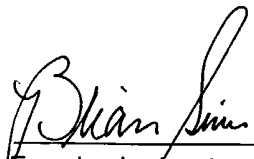
Agreement with respect to the claims f) ☐ was reached. g) ☐ was not reached. h) ☒ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Applicant elected group I (claims 1-16) without traverse.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

  
 Examiner's signature, if required